

RECEIPT FOR DELIVERY OF RECORDS (AUDITS)

INSTRUCTIONS: Original to Provider
Copy to Case File

PROVIDER NAME	PROGRAM NUMBER	DATE
PROVIDER ADDRESS	CITY	STATE
		ZIP CODE

Receipt of those records (e.g., books of account, documents, and memoranda) described below from _____

_____ is hereby acknowledged.

[illegible]

Received for Department of Social Services, Foster Care Audits and Rates Branch

The return of the above records is hereby acknowledged.

BY	DATE
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